



**COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Services Branch**

**IN HOME SUPPORT SERVICES
Plan for Fraud Investigations and Program Integrity**

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- III. Fraud Referrals/Outcomes
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- VIII. County Proposed Budget for Utilization of Funds
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I. Introduction

- A. The State's Budget Act of 2009 appropriated state funds for the purpose of fraud prevention, detection, referral, investigation, and additional program integrity efforts related to the In-Home Supportive Services (IHSS) program. Counties are to submit a plan outlining their individual county plan of implementation for these IHSS program integrity activities through June 30th, 2010. Upon approval of the plan by California Department of Social Services (CDSS), Del Norte County will certify that program integrity efforts will commence within 60 days of receipt of funding.

II. IHSS Overpayments/Underpayments

A. County Process to Identify Overpayments and Underpayments

1. Overpayments and Underpayments will be identified utilizing the following sources:
 - County IHSS Social Workers
 - County Public Authority
 - County Quality Assurance
 - Anonymous Referral
 - Self report by Consumer or Provider
 - Data Reports received in collaboration with CDSS
 - Post fraud investigation overpayment

B. County Process to Reduce the Occurrence of Overpayments and Underpayments

1. Education of Consumers at intake and renewal
2. Public education
3. Unannounced home visits
4. Collaboration with County Quality Assurance
5. Collaboration with Public Authority
6. Targeted Mailings
7. Train IHSS county staff on methods of fraud prevention and detection
8. Results from public awareness of enhanced investigative component

III. Fraud Referrals/Outcomes

- A. Del Norte County Department of Health and Human Services Agency, through its In-Home Support Services program, is committed to identifying fraud and referring suspected cases to the District Attorney's Office for investigations. We will follow our newly established policy and procedure for fraud referrals which models the following methodology to determine the appropriate agency for referral/investigation.

1. Del Norte County Department of Health and Human Services will first refer all suspected fraud to the local District Attorney's Office investigator attaching any supporting information that may assist the investigator.
 - All referrals will be tracked on a Fraud referral tracking log for ongoing comparison, data tracking and collaboration with the DAO.
2. Del Norte County Department of Health and Human Services will collaborate with the local District Attorney's Office investigator to determine the validity of the suspected fraud referral, and the amount of potential overpayment
3. Del Norte County and the District Attorney's Office investigator will forward the referral to California Department of Social Services and Department of Health Care Services as appropriate for further investigation

IV. Collaboration and Partnerships with District Attorney's Office (DAO)

A. Current Ongoing Collaboration

1. Del Norte County Health and Human Services currently collaborates with the District Attorney's Office for the investigation of all allegations of other public assistance welfare fraud referred to them by DHHS or other sources.

B. Proposed Collaboration

1. With the new funding provided for fraud investigations and program integrity efforts related to the In-Home Supportive Services Program provided to Del Norte County Department of Health and Human Services pursuant to the California State Budget Act of 2009, we will contract with the DAO for an investigator that will devote .2 FTE; 8 hours per week investigating the In Home Support Services program suspected fraud. We will enter into an MOU between Department of Health and Human Services (DHHS) and the District Attorney Office (DAO) to define our partnership. The attached MOU includes a policy and procedure for submitting an investigation to the DAO. This contract will lead to:
 - Increased investigative support from the District Attorney's office
 - Increased interaction and training availability from the District Attorney's office to IHSS line and supervisory staff
 - Increased public awareness of IHSS fraud through more frequent and in person contacts by the DAO fraud investigator and the Quality Assurance program. (Word of mouth)
 - Increased reporting of fraud as a result of the increased public awareness.

V. Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

A. Current Collaboration and Partnerships

1. In conjunction with Quality Assurance, fraud referrals, investigations and prosecutions/outcomes are reported to California Department of Social Services on a quarterly basis.
2. Del Norte County has an established contact and procedure for reporting suspected Medi-Cal fraud that includes IHSS fraud to the Department of Health Care Services. We will contact our Department of Health Care investigator and/or other staff on a case by case basis.

B. Commitment to Enhance Collaborations

1. With consistent and streamlined procedures in place and defined roles and responsibilities, Del Norte County prepares to move forward with dedication and commitment to help protect the In-Home Supportive Services program integrity in conjunction with the Department of Health Care Services and the California Department of Social Services.
2. We will continue to collaborate with California Department of Social Services in a manner consistent with present practice. We will comply and collaborate regarding any requests for case or program data in a timely manner. An annual report will be sent prior to August 1st of each year containing tracked data for the previous fiscal year.
3. Del Norte County will collaborate with Department of Health Care services on an as needed basis. We will comply and collaborate regarding any request for case or program data in a timely manner.

VI. Mechanism for Tracking/Reporting

A. County Tracking and Reporting

1. Del Norte County will track and report outcomes of fraud investigation/prevention efforts to CDSS. Del Norte County will submit final data for State Fiscal Year 2009-10 by August 1, 2010 in the required CDSS format. We will submit our annual plan prior to June 1, 2010 to be considered for continuation of funding. The plan will include any updates to the previous year plan.

VII. County's Current and Proposed Anti-Fraud Activities

A. Current Anti-Fraud Activities

1. Published agency form entitled: *Planning with You to Avoid Fraud* utilized in person with all applicants and consumers during new application assessments, and annual renewal assessments. This form is also included in all application packets given out to all potential applicants.
2. Monitoring of CMIPS reports including: 300+ Hour Report, 60-Day No Timesheet Activity Report, CDSS Quarterly Death Match report, Fair Hearing requests, the local newspaper obituary and death notice section and a monthly death report provided by the coroners office.
3. Quality Assurance Field visits conducted with ongoing consumers and intake applicants. The purpose of the field review is to verify information in the case, including eligibility to services, and to review the delivery of services for which the consumer is authorized to ensure the receipt of and quality of the services delivered.
4. Routine training provided to all IHSS Staff on agency-specific Fraud referral form
5. Public Authority discussion of Fraud at all provider orientations. Examples are given fraudulent activities are given. Most current providers are required to attend the provider orientation.

B. In addition to the current Anti-Fraud activities, Del Norte County Department of Health and Human Services proposes the following Anti-Fraud Activities:

1. Referral of all suspected fraud to the local District Attorney's Office investigator assigned to investigate potential IHSS program fraud.
2. Formal presentations at all IHSS Provider orientations using the new DVD, to present information about fraud to all providers in a consistent and uniform manner.
3. Unannounced home visits to verify services are being received or provided.
4. Training from the District Attorney's staff on what elements to include in the initial fraud referral.
5. Review of ALL overpayments and underpayments by the IHSS Program Supervisor to determine if a fraud referral is appropriate.
6. Unannounced home visits for any irregular case information triggering suspected fraud.

VIII. County's Proposed Budget for Utilization of Funds

*December 1, 2009 through June 30th, 2010

REIMBURSEMENT TO DA FROM DHHS:

.2 FTE (8 hours per week)	Welfare Fraud Investigator Salary and Benefits	\$16,325.00
10% of Salary and Benefits	Admin and overhead	\$1,632.00
Total	Including Fed, State and County Share	\$17,957.00

*Estimated timeframe contingent on funding approval

IX. Description of how the County will integrate Other Program Integrity Efforts within the Plan

A. Del Norte County will integrate any newly provided funding into current anti-fraud activities including ongoing program review. This will involve collaborative partners that include but are not limited to Adult Protective Services and the District Attorney's Office. Additionally, any funding made available through this effort will address other anti-fraud components named in the 2009 State Budget Act including IHSS provider background checks, provider orientations, and unannounced home visit.

X. Annual Outcomes Report

A. Data Tracking for Outcome Reports

1. Del Norte County will track all data as specified by CDSS. This report will identify data identified in Enclosure D that support prevention, and investigation of suspected fraud. It is understood that CDSS will send the format for this report to each participating county by no later than January 2010.
2. All Data elements will be tracked in one location by a central tracker.
3. All Data will be compiled and reported in the form of an annual outcomes report; submitted to CDSS prior to August 1 of each year.
4. The report will detail the county efforts to mitigate, prevent, detect, investigate, and prosecute fraud during the previous fiscal year.

ENCLOSURE D

County: DEL NORTE

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	70.00	0	0
Number of Instances:		0	0	1	0	0
Breakdown of Causes	Provider:	0	0	X	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	0	0	0
Number of Instances:		0	0	0	0	0
Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Fraud Referrals/Outcomes		04/05	05/06	06/07	07/08	08/09
Number of referrals to DHCS:		0	0	0	0	0
Number handled locally by DA:		0	0	0	0	0
Number of convictions:		0	0	0	0	0
Court Ordered Restitution:		0	0	0	0	0
Amount of funds involved in the convictions:		0	0	0	0	0
Amount of funds recovered:		0	0	69.39	0	153.70
Amount of funds pending recovery:		0		.61	0	76.85
Basis for the Conviction:		0	0		0	0
Individuals Responsible	Recipient:					
	Provider:			X		X
	County Staff:					
	Other:					
	Unknown:					

ENCLOSURE D

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
Documented referrals to DA		0	0	0	0	0
Outcomes	Accepted:					
	Rejected:					
	Pending:					
	Completed Investigation					
	No Fraud:					
	Restitution Action:					
	Referred for Prosecution:					
	Criminal Charges Filed:					
	No Charges Filed:					
	Convictions:					
	Acquittals:					
	Dismissals:					
	Pending Investigation:					
	Restitution					
	Court Ordered:					
	Restitution Action:					
	Fines					
	Prosecutions Completed					
	Convictions					
	Misdemeanor					
	Felony					

DEL NORTE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES Social Services Branch Adult and Family Services	
Policy Number: _____	Effective Date: 10/29/2009
Title: IHSS Fraud Referrals	

POLICY

It is the policy of the Department of Health and Human Services to report, to the proper investigating agency, any suspected fraud committed by any provider and/or recipient associated with the In Home Supportive Services Program.

PROCEDURE

These procedures are meant to create a consistent, streamlined process that will allow for data collection of IHSS fraud statistics, ensure that the appropriate jurisdiction receives the referral and allow for follow-up of action taken.

1. Social Worker Role in Reporting Suspected Fraud Activities
 - A. The case-carrying worker will complete a referral for suspected IHSS fraud form, (example attached), documenting the suspected fraud and attach any documentation deemed relevant to the case.
 - B. The referral will be routed to the APS/IHSS Social Worker Supervisor.
2. APS/IHSS Social Worker Supervisor Role in Reporting Suspected Fraud Activities
 - A. The Social Worker Supervisor will conduct a case review/approval on all requests.
 - B. The APS/IHSS Social Worker Supervisor will record the referral in the Fraud Investigation Log which will contain all fraud referrals that have been received, the agency or agencies, and dispositions of investigation.
 - C. Quality Assurance Analyst will receive notification of initiation of Fraud Referral process and disposition when available.
 - D. Investigator will collect referrals, investigate, and report disposition to the APS/IHSS Supervisor.
 - E. Supervisor will return disposition to Social Worker for overpayment/underpayment processing if applicable

County of Del Norte
Department of Health & Human Services
Social Services Branch



REQUEST FOR SIU INVESTIGATION
WITH
ATTACHED CASE DATA SHEET

CASE NAME: _____ CASE #: _____ DATE: _____

WORKER NAME: _____ NO: _____ PHONE EXT: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

REQUEST REASON(S) *circle from the following:*

IHSS Beneficiary

IHSS Provider

Issue: ☐ Income/employment ☐ Property ☐ Residence ☐ Household Composition ☐

Additional adults in home ☐ Other

Comments:

Name of Beneficiary:

FN _____ MN _____ LN _____ CDL _____

DOB: _____

BIC: _____

HT: _____ WT: _____ Hair: _____ Eyes: _____

English Speaker? Yes ☐ or No ☐ If not, Primary Language? _____

Vehicles:

Physical Address: (not PO Box)

Name of Provider:

FN _____ MN _____ LN _____ CDL _____

English Speaker? Yes ☐ or No ☐ If not, Primary Language? _____

STATE OF CALIFORNIA

Department of Health Care Services

Investigations Branch – North Section

Focus Report

Circle one or more: Beneficiary

IHSS

Provider

County case number:

Reporting County Worker (office/title):

name/office/phone

date of referral

Name of beneficiary:

FN _____ MN _____ LN _____

DOB _____ SSN _____ CDL _____

BIC _____

HT _____ WT _____ Hair _____ Eyes _____

English speaker? Yes No If not, what language?

Vehicles:

Physical Address (not POBox).

Name of absent parent:

Issue:

___ Income/employment ___ Property ___ Residence

___ household composition ___ Additional adults in home

___ Other

Reason for referral:

Name of Provider: IHSS?

Other?

FN _____ MN _____ LN _____

DOB _____ SSN _____ CDL _____

English speaker? Yes No If not, what language?

INVESTIGATOR's FINDINGS

___ Income/employment ___ Property ___ Residence

___ household composition ___ Additional adults in home

___ No discrepancy found

Comments:

Dates of attempts to contact:

1.

2.

3.

Date Completed:

FAX to Rob Millberry @ 916-413-7116

(cell 916-607-9761)

Revised 6/09

ENCLOSURE D

County: DEL NORTE

Overpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
Total Amount per Fiscal Year:		0	0	70.00	0	0
Number of Instances:		0	0	1	0	0
Breakdown of Causes	Provider:	0	0	X	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments identified by County QA		04/05	05/06	06/07	07/08	08/09
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Breakdown of Causes	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

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Number handled locally by DA:		0	0	0	0	0
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Amount of funds involved in the convictions:		0	0	0	0	0
Amount of funds recovered:		0	0	69.39	0	153.70
Amount of funds pending recovery:		0		.61	0	76.85
Basis for the Conviction:		0	0	0	0	0
Individuals Responsible	Recipient:	0	0	0	0	0
	Provider:	0	0	X	0	X
	County Staff:	0	0	0	0	0
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0

ENCLOSURE D

Utilization of County DA for Fraud		04/05	05/06	06/07	07/08	08/09
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Outcomes	Accepted:	0	0	0	0	0
	Rejected:	0	0	0	0	0
	Pending:	0	0	0	0	0
	Completed Investigation	0	0	0	0	0
	No Fraud:	0	0	0	0	0
	Restitution Action:	0	0	0	0	0
	Referred for Prosecution:	0	0	0	0	0
	Criminal Charges Filed:	0	0	0	0	0
	No Charges Filed:	0	0	0	0	0
	Convictions:	0	0	0	0	0
	Acquittals:	0	0	0	0	0
	Dismissals:	0	0	0	0	0
	Pending Investigation:	0	0	0	0	0
	Restitution	0	0	0	0	0
	Court Ordered:	0	0	0	0	0
	Restitution Action:	0	0	0	0	0
	Fines	0	0	0	0	0
	Prosecutions Completed	0	0	0	0	0
	Convictions	0	0	0	0	0
	Misdemeanor	0	0	0	0	0
	Felony	0	0	0	0	0

ENCLOSURE D

DEFINITIONS

For purposes of program reporting, terms and concepts are defined as follows:

Documented Case Referral means:

Cases received through specified dates that substantially comply with the documented case referral protocol.

Documented Case Referrals are classified as:

Pending – cases awaiting review/case bank

Accepted – cases that are opened and assigned for investigation

Rejected – no further action will occur

Investigations

Investigation opened means cases in which an investigator or DDA has been assigned to a case.

Completed Investigation

Case is closed by court action or deemed unsubstantiated.

Cases

Multiple defendant cases should be counted as single cases, not a separate case for each defendant unless the number or names of the individual defendants are specified.

Fines

Are defined as fines imposed by the court. Penalty assessments may be included. Do not include booking fees, probation supervision fees or restitution.

Provider fraud

Fraud perpetrated by IHSS services.

Recipient fraud

Fraud perpetrated by the IHSS recipient.

COUNTY RESPONSE COVER PAGE

Del Norte County is requesting participation in the Enhanced Anti-Fraud Program and did submit a Plan, in Draft form, pending BOS approval prior to November 1, 2009. The final plan with BOS approval is due to CDSS by no later than January 15th, 2010.

Board of Supervisor Approval

Approved on January 12, 2010, by the County Board of Supervisors

Name of Approver: Gerry Hemmingsen

Signature Gerry Hemmingsen

Name of County District Attorney Representative: Mike Riese, District Attorney
County District Attorney Representative Telephone #: 707-464-7210
Email Address: NCOL0207@sunstarcom.net

Name of County Welfare Department Representative: Gary Blatnick, Director
County Welfare Department Representative Telephone #: (707) 464-3191
Email Address: GBlatnick@co.del-norte.ca.us

Budget Justification
Del Norte County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 16,325.00
B. Operating Expenses	\$ 0
C. Equipment Expenses	\$ 0
D. Travel/Per Diem and Training	\$ 0
E. Subcontracts and Consultants	\$ 0
F. Other Costs	\$ 0
G. Indirect Expenses	\$ 1,632.00
Total Expenses	\$ 17,957.00

A. Personnel Costs (including employee benefits)	Total Budget
<p>Title: Welfare Fraud Investigator .20 FTE (8 hours per week)</p> <p>Salary Calculation: FY Salary including benefits reimbursed to the District Attorney \$16,325.00</p> <p>Duties Description: The District Attorney maintains a qualified staff of investigators to conduct on-going In-Home support Services program fraud activities in accordance with Assembly Bill (ABX) 4 19. They will complete and maintain statistical records necessary to provide any and all required reports to CDSS. Maintain co-location of the DA Investigator doing on-going In-Home Support Services program fraud activities in DHHS facility/facilities and DA Office. Follow County Personnel policies, CDSS regulations and POST requirements. Maintain and retain staff payroll, personnel records. Participate in training provided by CDSS in compliance with Section 20-009 of CDSS Manual of Operations. Provide staff designated by DHHS with training on fraud detection and prevention activities as required by Division 20-005.24 of the CDSS Manual of Operations. Ensure the Confidentiality of all DHHS records as required by Section 10850 of W&I Code and Division 19 of the CDSS Manual of Operations. Provide security, when available, for staff in the event of a disturbance and/or threat to the safety of staff.</p>	\$ 16,325.00
<p>Title:</p> <p>Salary Calculation:</p> <p>Duties Description:</p>	\$ 0
<p>Title:</p> <p>Salary Calculation:</p> <p>Duties Description:</p>	\$ 0
<p>Title:</p> <p>Salary Calculation:</p> <p>Duties Description:</p>	\$ 0
Total Personnel Costs:	\$ 16,325.00

B. Operating Expenses	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Operating Expenses:	\$ 0

C. Equipment Expenses	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Equipment Expenses:	\$ 0

D. Travel/Per Diem and Training	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Travel/Per Diem and Training:	\$ 0

E. Subcontracts and Consultants	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Subcontracts and Consultants:	\$ 0

F. Other Costs	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Other Costs:	\$ 0

G. Indirect Expenses	Total Budget
Title: Admin and overhead	\$ 1,632.00
Description: Reimburse the DA for additional reasonable overhead and administrative costs associated with the operation o f In-Home support Services program fraud investigations at the rate of 10% of the salary and benefits of filled fraud investigator positions.	
Title:	\$ 0
Description:	
Total Other Costs:	\$ 1,632.00